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SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL,
BOSTON.

REPORTED BY DAVID W. CHEEVER, M.D., ONE OF THE VISITING SURGEONS.

[Communicated for the Boston Medical and Surgical Journal.]

Fourth Paper.—THREE CASES OF CUT THROAT.

CASE I.—*Case of Suicide by Cut Throat; Death.*—(Under the care of Dr. Cheever.)—Thos. M., æt. 33, born in Ireland, and a tailor by trade, having been noticed to be wandering in his mind, on Sunday P.M., June 20, 1864, secreted his razor, and retired to bed about 9, P.M. In about fifteen minutes afterwards his wife heard a gurgling noise, and on entering the chamber found that he had cut his throat, and was bleeding profusely. A physician was sent for, who sewed up the external wound, and he was brought to the hospital about one o'clock in the morning.

The skin was cold, the features ghastly, and the pulse almost imperceptible; the clothing was saturated with blood; the respiration was difficult. The stitches were removed and the wound opened, when the cut was found to extend from the middle of the right sternomastoid muscle downward and forward through the alæ of the thyroid cartilage, just above the vocal cords, and to the opposite side of the neck, growing less deep as it emerged. The bleeding came from the superior thyroid artery.

When I first saw him, at this time, the glottis was opening and shutting spasmodically in plain view; he was speechless, and the respiration very imperfect. A tube was immediately put into the trachea, through an opening made below the cricoid cartilage, which gave much relief, and through which he threw up a good deal of mucus and blood. It being found that any liquid introduced by the mouth ran out of the cut in the larynx, the tube of a stomach-pump was inserted into the mouth, and with gentle manipulation guided down until it passed into the œsophagus, which was accomplished by keeping it close to the posterior wall of the pharynx. Brandy and water were now thrown into the stomach, and rejected; but, on being repeated, it was retained. Feeble reaction ensued, and in

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turn gave way to depression, and in this condition he remained alternating until he died. Brandy and milk were injected every two hours. At 7, A.M., he had rallied so far as to write his wishes, and to hold an interview with his wife. Respiration now easy, but pulse continues poor. He died at 7½, P.M., twenty-two hours after the injury, and death took place from exhaustion rather than apnoea. On examination of the parts *post mortem*, it was found that the larynx was cut through just above the vocal chords, and the pharynx also opened. The carotids were uncut, and no other parts of importance injured.

In reviewing this case, it appears, first, that the suicide was one of unusual determination and severity. A cut which would sever the thyroid cartilages must have been given with very considerable force.

Second, it illustrates the impolicy of closing the external lips of wounds of the throat which communicate with the air-passages, particularly when the vessels divided are not secured. This patient sank for two reasons—loss of blood, and the bleeding taking place into the larynx and trachea. Exhaustion from hæmorrhage and dyspnoea from the occlusion of the glottis by spasm from bleeding and clots, gave an unfavorable termination to an injury not necessarily fatal.

CASE II.—Cut Throat; Retention of Silver Sutures; Recovery.—(Under the care of Dr. Stedman.)—July 5, 1864. Sarah C., æt. 46, in a fit of melancholy, to which she is subject, cut her throat. Three incisions were made: one, a superficial one, below the middle of the throat; the other two opened the trachea—the first just below the thyroid cartilage; the second, four rings below. Externally, a ragged hole, as with a dull knife, four inches long; œsophagus intact. No arterial hæmorrhage. Two silver sutures and one silk one were put in the lower wound of the trachea; one silver one in the upper wound. Patient evidently insane.

6th.—Much as yesterday. Ate some gruel. Wounds looking well.

8th.—More rational. Speaks without much trouble; a good deal of cough.

9th.—Improving. Slight oozing of pus and sanies from wound; some coughed up. No bleeding.

10th.—Wound kept moist. But little hoarseness; less cough.

13th.—Air whistles through external wound; vocalizes with difficulty; coughs a good deal.

14th.—Silk sutures removed. Wound healing rapidly, except a small ragged opening at one end.

15th.—Coughed up a wire suture.

20th.—Two stitches were removed from smaller wound.

25th.—Air puffs up under the skin from the small wound.

27th.—Edges of sinus cicatrized; it is small and healthy.

31st.—Three weeks and a half since attempt at suicide; discharged well. Two silver wire sutures still in; wounds closed over them. Cough gone. Voice clear.

Nearly a year later, this patient experienced a very severe burn, of nearly the whole body. She was brought to the hospital, and died in a few hours. On examination *post mortem*, the trachea was found well united, and the mucous membrane sound. The silver sutures were still in their places, having been worn a year without inconvenience.

CASE III.—*Cut Throat severing right Pneumogastric Nerve; Subsequent Ligature of Carotid; Secondary Hæmorrhage; Pyæmia; Death.*—(Under the care of Dr. Buckingham.)—March 10, 1865. Hannah D., æt. 39, while sitting in her chair, was attacked by her husband, who came behind her with a razor, and cut her throat, from behind the right ear, obliquely downwards across the neck to the second ring of the trachea and a little beyond. When brought to the hospital, her clothes were saturated with blood, pulse weak, features ghastly, extremities cold. A deep, clean-cut wound extends from the anterior border of the right trapezius muscle to beyond the second ring of the trachea, dividing the sterno-mastoid and sterno-hyoid muscles, the external and the internal jugular vein, exposing, but not cutting, the common carotid artery at its bifurcation, and severing completely the right pneumogastric nerve; exposing also the outer belly of the digastric muscle, and cutting in two the sub-maxillary gland. No arterial hæmorrhage; bleeding freely from internal jugular, which was tied. The wound was cleaned, and brought together by sutures. Stimulants ordered.

March 11th.—Pulse 84. Very comfortable.

12th.—Suppuration begun. Sutures taken out.

13th.—Tongue, yellow, moist coat; pulse 100, and small; respiration 16—expiration longer than inspiration, with an asthmatic wheeze; erythematous blush around wound; no union, save at upper end.

14th.—Pulse 92; respiration 19, nothing peculiar; sloughing of whole interior of wound; constant oozing from divided submaxillary gland.

15th.—Pulse 84; respiration 16.

16th, 8, A.M.—Hæmorrhage came on, florid and free. Wound opened. Point of bleeding not visible. Checked by ice. At 10, A.M., it was decided, on consultation, in view of the fact that the carotid lay exposed in the bottom of a sloughy wound, dribbled over by saliva, and was liable to give way at an unexpected moment, that the most prudent course was to tie the common carotid, below the omo-hyoid, and to do this by a separate incision, in order that the wound might be kept free from the sloughy discharge. The artery was secured a little above the clavicle by Dr. Buckingham, the

infiltration of all the tissues, and the severing of the sterno-mastoid, complicating the operation. Both wounds soon ran together.

17th.—Pulse 108; respiration 24; mouth and tongue a little drawn to right side; sonorous râles in both lungs. Urine and faeces normal.

18th.—Respiration 24; pulse 124; large, offensive discharge from wound; mouth more drawn. Ordered tinct. ferri muriatis.

19th.—Respiration 24; pulse 124; considerable dulness over upper part of right back, with sonorous râles; no bronchial respiration; wound looks and smells badly; slight paralysis of tongue. Continue supporting treatment.

20th.—Respiration 24; pulse 120; upper two thirds of right back dull on percussion; bronchial respiration and bronchophony marked. Thinks herself well.

22d.—Pulse 86; more air entering lung.

24th.—Wound looks better. Upper part granulating; lower part sloughy.

25th.—Ligature on jugular came away.

29th.—Ligature on carotid came away on the thirteenth day. Wound doing well.

30th.—(Fourteenth day after ligature) faint recurrent pulsation in right temporal artery. Saliva continues to flow from wound; paralysis less.

April 10th.—Wound, and general condition of patient, good until this morning, when she had a severe chill. Considerable arterial hæmorrhage from wound. It is now three weeks since the ligature of the carotid, and one month since the injury.

11th.—Nausea and vomiting yesterday; about midnight another chill, followed, as before, by vomiting and hæmorrhage. Nearly eight ounces lost before house-surgeon could reach her. There seemed to be several points of bleeding; easily controlled by pressure. Quiet this morning; pulse 100, feeble; granulations pale, with dirty looking pus; tongue dry.

12th.—Vomiting, but no more chills or hæmorrhage. P.M.—Pain in right eye; strabismus; mind wandering; paralysis increasing. Complains of rheumatic pains in knees. Pulse 80, intermittent.

13th.—At 9, A.M., another attack of bleeding; no chill; bleeding checked by ice and pressure; paralysis of left arm; nothing remarkable in lungs.

14th.—At 4.30, A.M., bleeding, without chill or vomiting; checked with difficulty by ice and perchloride of iron. Blood welled up freely from several points in the midst of a mass of flabby granulations, where forceps or ligature would not hold. Pulse nearly gone at wrist.

15th.—Three slight hæmorrhages in last twenty-four hours; could only be checked by styptics and cold—other measures tried in vain.

16th.—Repetition of chills and oozing.

18th.—Died at 8, A.M., after further chills and hæmorrhages—six weeks after injury.

19th.—Autopsy.—(Edema of both lungs, more marked on left; both lungs somewhat adherent to chest; no other changes in lungs. Liver enlarged and fatty. Kidneys pale and fatty. Heart loaded with fat; muscular substance friable. Pretty firm clots in proximal ends of both external and internal carotid. An abscess, as large as a walnut, on upper part of right hemisphere of brain.

This case presents many points of interest. The first is, as to how far the open and foul state of the original wound may have been kept up by the flow of saliva through it, from the divided sub-maxillary gland; and whether it would not be good practice, should a parallel case occur, to remove the gland wholly, before closing up the wound.

Next, as to the source of the secondary hæmorrhage after ligature of the carotid. Recurrent pulsation was detected in the temporal artery fourteen days after tying the main trunk, and it was not until ten days later that hæmorrhage supervened. More than this, at the autopsy, pretty firm clots were found in the proximal ends of both external and internal carotid. There can be little doubt, therefore, that the hæmorrhage was recurrent, from reëstablished circulation; and it occurred in a spongy, sloughing tissue where no forceps could be made to hold, and no ligature could have been of avail. Could anything else have been done to check it besides cold, pressure and styptics, which were freely used? The only other expedient must have been ligature of the other carotid. But when we reflect that facial paralysis already existed, and the patient had already undergone section of the pneumogastric, we should hesitate long before diminishing still further the imperfect circulation of the brain.

The results following the section of the pneumogastric were trivial when compared with those recorded by physiologists from their experiments on the lower animals. But we must bear in mind that these experimenters divided *both* pneumogastric nerves, while in our patient *the right only* had been severed. It was divided below the point where the superior laryngeal is given off, but, of course, cut off all action of the recurrent laryngeal. Now the more important consequences of the division of both, as recorded by Dr. Dalton, are, 1st, A wheezing and difficult inspiration produced through the recurrent laryngeals by paralysis of the larynx and falling together of the vocal cords. 2d, A diminished frequency of the movements of respiration, followed by passive engorgement of the lungs. 3d, Digestion is interfered with, and food accumulates in the œsophagus, owing to its paralysis, and is regurgitated. Death takes place from failure of the respiration, which grows gradually slower and slower. After death, the lungs are found solidified, but not like ordinary in-

inflammatory hepatization. They are shrunken, leathery and non-crepitant, of a purple color, and sink in water. In short, they present the appearances of passive congestion, continued for a considerable length of time.

In our patient, evidences of these changes were carefully looked for. The respiration was noted and the lungs examined daily, by Dr. Buckingham. No paralysis of the larynx or œsophagus occurred. There was no marked diminution of the respiration. But there were evidences of passive congestion of the lung on the injured side, and not on the other. Three days after the injury, the pulse was 100 and the respiration 16. Expiration was longer than inspiration, with an asthmatic wheeze. Six days later, the respiration was 24 and the pulse 124. There was considerable dullness over upper part of right back. The next day, respiration 24, pulse 120. Upper two thirds of right back dull on percussion; bronchial respiration and bronchophony marked. Two days later, these symptoms were passing off, and the air entered the lung more freely. This obstruction was so entirely temporary that after death both lungs were found alike œdematous and adherent to chest, but no other changes existed.

The chills and vomiting and recurrent hæmorrhages, day after day, which finally carried her off, present every symptom of pyæmia. Pains in the joints were also complained of; and although no dépôts of pus were found *post mortem*, except the small abscess in the right cerebral hemisphere already noted, we think this one more probably due to lack of arterial blood from the carotid ligature than to pyæmia:

1st. Because paralysis ensued the next day after the ligature and was never recovered from, while the symptoms of pyæmia did not occur until three weeks afterwards.

2d. Because the softening of the cerebral substance and subsequent formation of pus occurred in the upper and anterior part of the right hemisphere, in just that portion directly supplied with blood by the carotid, through the anterior and middle cerebral arteries, and not in the posterior lobe, or at the base of the brain, which derive their supply through the posterior cerebrals, cerebellar and other branches of the basilar, and thence through the vertebral and subclavian arteries.

ERRORS IN DIAGNOSIS.

[Communicated for the Boston Medical and Surgical Journal.]

At the opening of Fall term of the Albany Medical College, Prof. ALDEN MARCH, the veteran surgeon of that institution, than whom it is believed there are few living surgeons who have performed more surgical operations, devoted a considerable portion of his introductory lecture to the subject of "Errors in Diagnosis." As some

of them may prove of value to the profession, and be the means of preventing repetitions of similar blunders, I furnish them to your readers, as taken down at the time. Prof. March said :—

"A good many years ago, I commenced to make a brief record of cases under the head of 'Errors in Diagnosis.' The subject has been brought afresh to my mind by recently receiving from the publishers a volume which is entitled 'Outlines of Surgical Diagnosis, by George H. B. Macleod, M.D., &c., of Glasgow,' which, by the way, is a work of great value and especially useful to young practitioners. With a view to satisfy you of the necessity and importance of correct diagnosis, I shall here present a few out of the great number of cases that have fallen under my observation in the course of many years experience. To avoid all chance of wounding the feelings of any one, names will be omitted.

"Many years since, Dr. —, of —, made an effort to reduce what he took to be a *scrotal hernia* in a small child, which turned out to be a case of hydrocele that was cured by discutient lotions.

"The same physician (September, 1848) mistook a portion of protruding placenta from the mouth of the womb for *eversion of the uterus*, and made vigorous efforts to reduce it! Strange to say, this physician had been in extensive obstetrical practice for more than thirty years.

"In a case of scirrhus of the pyloric orifice of the stomach, and scirrhus enlargement of the lymphatic glands around it, a tumor was formed over the aorta, the pulsations of which could be strongly felt through the morbid growth and the abdominal wall. The case was called aneurism of the abdominal aorta. The *post-mortem* pathological specimen is preserved in our museum.

"During the year 1830, Dr. —, of —, mistook the enlargement of a cervical gland, situated over the carotid artery of a nervous female (who ultimately died of *fungus hematodes*), for aneurism of that vessel.

"Mr. P. fell upon his shoulder and dislocated the scapular extremity of the clavicle, which was treated for *five weeks* by Dr. — for fracture of the clavicle. In a subsequent consultation, two of the most prominent surgeons near the residence of the patient, diagnosed the case as fracture of the acromion process of the scapula!

"In June, 1847, I saw a female at S—, who had been treated for some time by Dr. — for disease of the liver. After making a thorough examination, I pronounced the disease to be scirrhus or cancer of the pyloric orifice of the stomach. When death ensued, a *post-mortem* examination confirmed my diagnosis.

"Some ten or fifteen years ago, I was requested to visit a female, who resided about thirty miles from this city, and who had been treated for enlargement of the spleen. Such was the diagnosis of the attending family physician, confirmed by a consulting physician. My first inquiries were in reference to intermittent fever—whether

it was a fever and ague district—habits of the patient, mode of living, cachectic diathesis, &c., but I could learn nothing that would lead me to conclude there was any adequate cause for enlargement of the spleen. By the simple process of percussion over the part supposed to be an enlarged spleen, I readily satisfied the parties that there was a 'wind swelling'—a distension of a portion of the transverse colon with air, instead of a solid, or a soft solid, such as would be represented by an enlarged spleen.

"September, 1848, Mr. —, of —, was attacked, after a severe day's work in felling trees, in the month of March previous, with great pain in the right shoulder, attended with high fever and lameness. In two or three days the pain and lameness left the shoulder and attacked the left hip, when Dr. — was sent for, and after examining the case, called it *sciatica*. After intense suffering for a long time the pain subsided, and the patient rose from his bed with a distorted and projecting hip, which was called a *dislocation* by Dr. —, who made five unsuccessful attempts to reduce it with Jarvis's surgical adjuster. The limb was *apparently* two inches shorter than the other, and yet by accurate measurement no appreciable difference could be detected. The case was neither *sciatica*, nor a *dislocation*, but simply a violent attack of rheumatic hip disease, followed by great distortion and ankylosis of the joint.

"Some years ago, a young man came to me, with a sickly, cachectic look and a large swelling occupying the groin and upper part of the thigh, which had been called an *aneurism*, and for relief of which a physician (I will not dignify him with the name of surgeon) proposed to *ligate the external iliac artery*! My diagnosis was 'psaos abscess,' and on puncturing the swelling with a trochar, I drew off nearly two quarts of thick, cream-colored pus.

"The same doctor, at a later period, sent for me to visit a patient of his in the country, with the request to bring a truss for the treatment of a case of reducible inguinal hernia. On examining the case, it proved to be a lumbar abscess, and the truss was not deemed necessary."

With these and many other instances brought before the minds of his pupils, Prof. M. enforced the importance of a thorough education of all the senses in the sometimes difficult task of ascertaining the disease that afflicts the patient, and pointed out the importance of complete knowledge of the part in a state of health, in order that variations from the healthy standard may be detected and diagnosed.

I may here add, as a matter of interest to many of your patrons who recognize the Albany Medical College as their *Alma Mater*, that the present term has opened under favorable circumstances. The college buildings have been thoroughly repaired and refitted, the attendance of pupils is large, and the several professors enthusiastic in imparting correct medical instruction to those who listen to their

lectures. The clinics thus far have been exceedingly large, and the surgical operations performed before the class numerous and interesting. Some of the more formidable I will undertake to report hereafter.

I. D. B.

Albany, N. Y., October, 1865.

SPOTTED FEVER IN RHODE ISLAND, 1810-14.

(Communicated for the Boston Medical and Surgical Journal.)

MESSERS. EDITORS,—What I have lately seen in your JOURNAL, relating to spotted fever, induced me to turn to my note-book of the years 1810 to 1814, inclusive, in which years it prevailed as an epidemic where I then practised, viz., South Kingston, Washington Co., R. I. For four years there was not a single day that I did not visit one or more patients affected with what was so called, although a great majority had no spots, and it might more properly be called *sinking typhus*. I noted 575 cases which fell under my care during its reign as an epidemic; when it became sporadic I ceased to enumerate my cases. The greatest number that I visited in any one day appears to have been 15.

I propose in this communication to notice particularly the treatment.

April 5th, 1810, was called to Mrs. J. B., a tallish, light-complexioned lady, aged, say, 45. For some time previous she had complained of a very sore mouth, which at this time was better. This morning she was attacked with severe vomiting, after getting up and going into her kitchen closet; and at the same time was seized with pain in the left side, just back of her breast, accompanied by a chilly fit. I found her with pretty severe pain in the part above mentioned, attended with vomiting, which brought up a worm. The family as well as the patient expected that I would bleed her, supposing it to be an attack of pleurisy. I found her pulse, however, extremely weak and unresisting, her countenance pale, and I determined neither to bleed nor vomit, nor to give anything cathartic except *ol. ricini*. I also recollected that I had recently bled in a case somewhat resembling this, and had lost my patient, although I took blood but once, and but very little. I accordingly gave Mrs. B. two grains of opium, with oil of peppermint; the pain abated, and she got to sleep. I ordered an epispastic to the affected side, as also a repetition of the opium in case the pain returned. Left a mixture of camphorated tincture of opium, and *spts. nitre dulc.*

At night I was called again; the vomiting had recommenced, and she had brought up one or more worms. Opiates and spirits applied to the pit of the stomach checked the vomiting, and I put her upon wine.

The second day of her illness, I found her pulse weak; her tongue

whitish; the pain not considerable in her side; but she complained of some pain in the head, and sometimes the pain was in the abdomen; in fact it was a flying, shifting, unseated pain.

The next day, being the third of the disease, I went early in the morning to visit her again. I was met by Mr. B. at the door of his house, who informed me that his wife had just had a very ill turn; that her pulse stopped; that she became cold, and that he did not know but she was dying. This ill turn was one of the features of the disease—the *sinking typhus*—so termed by my particular friend, the late Dr. Miner, of Middletown. I found, upon inquiry, that wine had not been given to the amount which I had directed. I was informed that she had vomited once since I saw her the day before; and that two black spots had been observed in what she ejected. Her daughter thought them to be clots of blood, but the patient herself thought they were darker, and too black for blood. I directed the doses of wine to be increased; and, in addition, prescribed the wild indigo, with rad. serpentariæ Virgin. Blistered her neck and right side, as the pain had sometimes shifted to these parts of the system. Her skin was moist, most of the time; feet cool; tongue whitish and foul, with a thick fur. Mrs. B. took three grains of opium at night, and rested comfortably.

Next day my skilful friend, Dr. Peter Turner, met her in consultation; he approved of my practice and agreed to its continuance.

On the succeeding day, being the fifth, she seemed better; the fur began to start from her tongue, which looked very red when it came off. Her pulse had been irregular, but was now regular. Continue the wine, with ether, spts. lavend. comp., and other former remedies. Although she was in some symptoms rather better to-day, she had two alarming new ones—hiccough and thrush. For hiccough I prescribed honey, taken very liberally, which I have found better than musk or any other remedy for this symptom. Bark, and wine for aphthæ.

Next day, being the sixth, I added spigelia to her decoction of serpentaria, by the advice of Dr. Turner, as a remedy for worms. A few days after, she voided nineteen worms—the common round kind—at one dejection. From this time she convalesced slowly, and had finally a complete recovery.

Spotted fever has in some sections of our country been termed the *winter epidemic*; but it appears in other localities to be as prevalent in warm seasons as in cold. In my own practice it prevailed with equal severity in the warm as in the cold season; for in the third week of July I was called into a neighborhood, in the town of Exeter, where three children had each died on the third day of the attack. They were treated by their physician for worms, with calomel and other cathartics, but as soon as the physic began to operate they began to die, and expired very soon.

July 15th.—I was this evening called to a case, the fourth in the

same neighborhood with those mentioned above; a child between 3 and 4 years old—all the cases in that vicinity being hitherto children; to a fifth I was called in the same night, and to a sixth the next morning. The two last were taken ill in a house where one lay dead, the patient of another physician. The words of my journal kept at this time, are as follows:—"This complaint was very uncommon; the face swelled, the skin appeared purple, the pulse was quick, the eyes had a vacant stare, subsultus tendinum came on the first day of the attack, evacuations were suppressed." I forbore all evacuations, gave infusion of serpentaria Virginiana, camphorated tincture of opium, bark and wine, and blistered the three to whom I was called; they all recovered.

The next notice of a case is one in which a girl, 15 years of age, passed clotted blood from the bowels. And I ought to have noticed before, that, previous to being called to Mrs. B., I was called to a young man, about seven miles from my residence, whom I found actually dying, when I arrived, with hæmorrhage from the bowels, and he expired soon after I saw him. His brother was seized with the same alarming symptom, but by a liberal use of sach. saturni, combined with opium, it was arrested, and he recovered.

The summer of 1811 was one of the hottest ever known, and the winter of 1812 the very coldest, and yet the disease continued unabated in both these extremes. It was sometimes combined with catarrh in the cold season. As it attacked persons in all kinds of weather, it also seized those of all ages and habits. Among others, the Hon. James Burrill, of Providence, a model of temperance and excellence, who, as State's Attorney, was attending Court in South Kingston, and was seized in the Court House. He went to his inn, and sent for me. [The town of Burrillville was named in honor of him. He died a senator of Congress, of consumption, at Washington, D. C.] In the course of his illness, his wife came from Providence, 30 miles distant, to see him, and brought with her their family physician, the venerable Dr. Levi Wheaton. Mr. B. was somewhat better when they arrived, and I invited the Doctor to visit a girl aged 10 years with me, a daughter of Judge Clark, whose children to the number of ten all had this disease during its prevalence. This girl was very ill indeed; she was so weak that it was with difficulty she put out her tongue, and when the Doctor and myself came out together, he turned to me and said I would lose that patient. I made no reply, but returned presently and told the Judge and his wife to trust to wine alone no longer, but to feed the patient with slings made of West India rum till she was made warm and revived from her deathlike debility. Upon my visit the next day, I was told she had taken a full pint of the article, administered as I had recommended; and that she was better; and I so found her. She rallied, and recovered completely.

The quantity of stimulants required in some cases, to have any

perceptible effect, was enormous, and it never intoxicated at all. Still, such cases were the exceptions, as a great majority did not require this treatment; all, however, required some supporting treatment, and none copious evacuations. An ipecac emetic and castor oil to relieve costiveness, were not found debilitating, but needful and useful. That stimulation was carried too far in some cases, has been often asserted, and without doubt truly, as relates to some practitioners.

The manner of seizure was sometimes sudden, various, anomalous, curious and surprising. In the same year and the same month that I was attending Mrs. B. in Rhode Island, Dr. Hale, of Hartford Co., Conn., was called to see a woman aged about 22 years, who was taken suddenly in the meeting-house, in the time of the forenoon sermon. She was put into a carriage and carried home; she was so sleepy on the way that her husband had much difficulty in preventing her from falling out of the carriage. The debility was so great that the Doctor tells us he dared not make any evacuation. His first prescription was laudanum and essence of peppermint. He saved her, but she convalesced very slowly. On the 20th of May following, he was called in great haste to see the child of this woman. In two hours after his first seeing it, "spots resembling ink spattered on very white cloth, appeared over the face, neck and breast." It died, convulsed, in about eight hours from the attack. Two of my patients were seized with blindness, which was the very first symptom, in a state of perfect health. One, a man aged 67, was attacked a mile from home when walking; their sight never returned.

I have seen it stated in a letter that I never lost a single patient during the prevalence of this epidemic in Rhode Island. This was a great mistake; both those patients struck with blindness died, and it has since occurred to my mind that I was too much afraid of producing debility at that time, so that I omitted to give an emetic to either of them, by which they might possibly have been saved.

Your most obedient,

JOSEPH COMSTOCK.

Lebanon, Conn., September, 1865.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.

BY W. H. TRAVER, M.D., SECRETARY.

Large Substances swallowed; Perforation of the Esophagus; Death.

—Dr. Collins reported the following case:—

"On the evening of Sept. 7th, 1865, I was requested to visit C. E. R., a farmer, residing in Barrington. I reached his residence about 10, P.M. I found him to be a strong, compact man, 46 years of age, and of uniformly good bodily health. I learned that he had for some

time showed some mental obliquity, and had, at least once, attempted suicide. For three months previous to my visit, he had been in the practice of swallowing small pebbles, and once had attempted one so large as to give him much difficulty in getting it down. When remonstrated with by his wife for this singular practice, he replied, that they were wholesome and good for the blood. On the afternoon of the day previous, under this insane impulse, he swallowed, according to his own statement, three stones of large size, so large that he was compelled to force them down. The instrument used for this purpose was a stick, a portion of which I saw, consisting of a slender branch of a tree, one fourth of an inch in diameter, a little flattened, and the end made square with a knife—the bark left remaining on the sides. He stated that the use of the stick had given him considerable pain, and once, after withdrawing it, he had seen blood upon it. He also stated that it was about sixteen inches long, and that he had thrust it down the whole length. After accomplishing his purpose, he attended to various farm duties, among which were the cultivating of more than an acre of land and milking two or three cows. He ate a hearty supper, soon after which he began to complain of pain in the chest and stomach, and difficulty of breathing. He then informed his family what he had done, expressed sorrow for the act, saying that he was impelled to do it by a power over which he had no control.

"Dr. Clark, of Warren, was called to see him. He administered an active emetic, which produced copious vomiting. In the matter ejected from the stomach was found a bit of wood, two and a half inches long, five eighths of an inch wide and one sixth of an inch thick. After this he appeared easier, and breathed with much less difficulty, though continuing to suffer from pain, and unable to lie down. An active purge was also administered, but nothing passed but the usual contents of the bowels. He was considerably swollen about the neck before being seen by Dr. Clark.

"At my visit I found him sitting in a rocking-chair, breathing with much difficulty, and greatly swollen about the chest, neck and face. There was also much swelling of the soft palate and the parts about the fauces. The swelling was found to be occasioned by the infiltration of air into the cellular tissue. He was able to swallow a little brandy and water, though with much difficulty, apparently experiencing great pain from the effort. The extremities were cold, and the whole surface was bathed with cold perspiration. The pulse was rapid and very feeble. His mind appeared clear, and his voice was such as to enable him to answer all my questions so as to be understood. He complained of pain in the stomach, and in the chest along the track of the *œsophagus*. He could not lie down. My conclusion was, that in the use of the stick to force down the stone, he had probably produced a rupture of the *œsophagus*, communicating with the trachea or bronchial tubes, and hence the emphysema.

"His condition was such as did not appear to admit of relief. I only advised the use of stimulants, so far as he was able to take them, and external warmth. About four hours after I had left him, while making an attempt to walk, he fell over upon a bed and expired. Permission for a *post-mortem* examination having been procured, it was made on the evening of the same day on which he died. My engagements not permitting me to attend, the examination was made, at my re-

quest, by my friend Dr. Jones, of this city, assisted by Dr. Clark, of Warren. I am therefore indebted to Dr. Jones for the following notes of the—

" *Autopsy.*—The general external appearance was that of a stout, heavily-built man, about five feet eight inches in height. His face was livid, and, with the neck and chest, emphysematous. Upon opening the body, the heart was found firmly contracted, and containing dark, coagulated blood. The neighboring vessels were fully dilated with blood. The lungs were healthy, inflated and crepitant throughout. In the thoracic cavity of both sides was a pint and a half of fluid. The deep structures within the thorax and near the neck were found to be emphysematous. On removing the pharynx and œsophagus, with the larynx and adjacent parts, a perforation was found through the posterior wall of the pharynx, just at the junction with the œsophagus and opposite the epiglottis. The opening was irregular and ragged, as if made by a pointed piece of wood. After passing through the pharynx, the laceration extended down six or seven inches between the œsophagus and the spine, the track being marked by inflammation and commencing suppuration. At the bottom of this abnormal passage was found about two ounces of pus. Within the œsophagus, about midway, was found the upper half of a corn-cob, measuring two inches and three fourths in length and seven eighths of an inch in diameter. The œsophagus at this point showed considerable inflammation. Within the stomach, which contained about half a pint of chocolate-colored, gelatinous matter, were found two stones and a corn-husk. The larger stone measured two inches and a half in length, one inch in the large diameter, and seven eighths of an inch in the small; its weight was one and three fourths ounces. The smaller stone was more irregular in shape, and measured one inch and a half long, one inch and a quarter in width, and three fourths of an inch in thickness; its weight was one ounce. The husk lay along the great curvature of the stomach, not in the least masticated, and measured, when fully unbent, fourteen inches in length. The mucous surface of the stomach was much congested, particularly near the cardiac orifice. Another stone was found in the upper part of the ascending colon, one and a half inches in the longest diameter, one and a quarter in the shortest, and five eighths in its greatest thickness; its weight was three fourths of an ounce. In the lower part of the descending colon, embedded in fecal matter, was found the wooden handle used for spinning a humming-top; this was four and a quarter inches long, and a little more than half an inch square at the larger end. Beyond this was about a handful of small gravel-stones.

" In this case death was evidently the result of the injury done to the œsophagus and the adjacent parts by the stick, rather than to the presence of the foreign substances in the alimentary canal. The cob in the œsophagus and the stones in the stomach may have hastened the fatal result, but were not the chief cause. The cob had, unquestionably, been once in the stomach, and had been forced into the position in which it was found by the efforts at vomiting. The facts of his having eaten his supper, and that he had vomited so profusely after swallowing the substances, fully prove this. It is quite probable, therefore, that had he inflicted no injury upon himself, nature would have been competent to rid herself of all these obstructions. The wooden handle

had nearly passed through the whole canal. The smaller stone, though one and a quarter inches in the smallest diameter, had passed the pylorus and the ileo-colic valve, and the other stones would probably have followed; while the cob and the husk, if retained for much time in the stomach, would have been digested to that degree that they too would have passed on. The question arises, what should be the treatment in similar cases, providing no mechanical injury be done to any organ? The case proves, I think, that vomiting is dangerous, and should not be resorted to; cathartics, though perhaps not dangerous, may do harm by liquefying the contents of the bowels and increasing too much the peristaltic action. In a case like the foregoing my course would be, after assuring myself that the œsophagus was free from obstruction, to keep the stomach well supplied with bland food, and trust to the resources of nature for the rest.

Poisonous Effects of a Wasp Sting.—Dr. Brown reported the following case:—

The patient, an American lady, aged 30, the mother of a nursing child of some ten months, was accidentally stung by a wasp on the inside of the index finger of the left hand, near the middle of the first phalanx. The sting was attended with pain and swelling; the former increased in intensity. Soon after, a light red efflorescence appeared on the wrist and arm, and extended over the whole body, attended by numerous urticarious wheals. The nervous irritability became intense, accompanied by chills and chattering of the jaws. The motion was so violent and painful, being accompanied by spasmodic action, or contraction of the jaws, that the fear of trismus was entertained. Some gin, the only stimulant at hand, was given, and the feet were immersed in warm water. The pulse, which had been so much disturbed as not to admit of being counted, became more distinct and natural. The redness and eruption soon began to disappear as rapidly as they came. Dry retching commenced, the chills returned, the extremities became cold, and the pulse scarcely perceptible. An attempt was made to administer aromatic spirits of ammonia, which partially failed on account of the contraction of the jaws. The patient in the mean time became speechless and apparently unconscious. The vapor of strong aqua ammoniæ was applied to the nostrils, and energetic friction to the extremities. In a few minutes the patient rallied so as to swallow a drachm or more of the aromatic spirits of ammonia, which was followed by alternate draughts of brandy and ammonia at short intervals; warmth and full consciousness, with the power of speech, rapidly returned, and at the end of two hours the patient was comparatively comfortable. She continued to improve without further relapse. The following day the hand was swollen and painful—skin shining and elastic. The swollen and painful hand was relieved by the application of aromatic spirits of ammonia and camphorated tincture of soap.—Dr. B. met with a similar case in his practice a few years since.

Dr. WM. CLENDENIN, who is announced as Prof. of Military Surgery and Surgical Anatomy in Miami Medical College, Ohio, and who has been engaged in military service for the last four years, has declined the Consulship to St. Petersburg, tendered to him by the President.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 19, 1865.

THE CHOLERA. PRECAUTIONARY MEASURES BY THE CITY GOVERNMENT. THE CITY PHYSICIAN'S REPORT.—In our last week's JOURNAL we were able to present to our readers the interesting remarks of Dr. Henry G. Clark before the Association for the Promotion of Social Science on the subject of cholera, specially important at the present time in view of the expected invasion of our country by that terrible destroyer, and the numerous neglected nuisances which are still suffered to disgrace our city. As our readers are aware, we have repeatedly of late uttered our word of warning and remonstrance on this subject, but until very recently we have seen no signs of any steps being taken to remedy what was evident to everybody else but our city officials. The most flagrant sources of impurity, such as the existence of open-mouthed drains, the deposit of the contents of street cess-pools as a part of the filling-in of the dock at the foot of Mt. Vernon Street, and the like, were positively denied to exist by City officers who ought to have known the truth of the matter. It would seem that at last the senses of the authorities are slowly awakening to the reality of this state of things. We have before us a report of the City Physician on the Asiatic Cholera, bearing date the 2d inst., in which he reports the existence of these nuisances, which being thus presented in an official form we hope may be speedily corrected. Dr. Reed acknowledges the receipt of the official correspondence of the National and State governments, the latter of which was published in our issue of September 28th. He wisely differs from the position assumed in the despatch which forms a part of the former, that cholera is a contagious disease. As this is the generally received opinion at the present time by the most reliable medical authorities, it would seem that no argument was required in the case: but the experience of the physicians and attendants at the City Cholera Hospital, during the last epidemic, furnishes so apt an illustration of its truth, that he wisely makes use of it to sustain his position.

In considering the all-important subject of the removal of public nuisances, and passing rather lightly over what he calls minor nuisances, such as "overflowing vaults, choked drains and open cess-pools," of which he says "a vast number" remain, and "of which seldom a day passes without complaint," he comes to the great Charles Street nuisance. Little has been done as yet by the City authorities to remove this fruitful source of ill odors and disease from a neighborhood hitherto one of the healthiest in the city, but we hope that Dr. Reed's report may lead to more thorough and serious efforts to get rid of it. In this connection, the City Physician publishes a letter from Dr. Francis Minot, Physician to the Home for Aged Females, on Charles Street, which contains facts of too startling and convincing a nature to be overlooked. We should like to give this letter in full, but must content ourselves with the following extracts:—

"DEAR SIR,—The facts concerning the outbreak of sickness in the

Home for Aged Females, in this city, of which you inquire in your note of September 26, are as follows :—

"The number of inmates in the Home is about ninety, besides the matron and the servants, making a total of about one hundred persons. The inmates are all over sixty years old, and their average age in January last was seventy-three years and four months. They are generally remarkably healthy, considering their advanced age, and there has never before been any epidemic in the Home since its first establishment, more than fifteen years ago. The building, which is admirably adapted to its purpose, and thoroughly ventilated, stands at the foot of Revere Street, its western end reaching to within a few feet of the sea-wall lately built along the 'Commissioner's Line,' bordering upon Charles River." Dr. Minot then goes on to describe the nuisance directly south of this building. The stench from it, he says, "was particularly annoying to the inmates of the Home when the wind blew from the southwest, the prevailing direction in summer. When the tide was low during the hot nights, the windows being open, the effluvia were carried all over the house. Numerous cases of vomiting and diarrhoea occurred early in the season, and the disease soon became an epidemic in the house. Some of the cases terminated in regular dysentery, a few of which were severe, but notwithstanding the age and debility of some of the patients, but one death occurred; this was in a woman nearly ninety-three years old, but who was previously in good health. Another patient who had dysentery severely was ninety-two years old, and in a state of partial dementia, but she recovered. I cannot state the exact number of cases which occurred during the three summer months, but it was large, as may be seen from the fact that *twenty-seven inmates were taken sick in a single night*. The whole number may have been between fifty and sixty, but many of them were light cases."

Dr. Minot next describes the partial remedy which has been applied to remove the nuisance, and the improved condition of the inmates of the Home, which he thinks in part due to these measures. He goes on :—

"It is a matter of surprise to me that the epidemic was not of a more fatal character, considering the close proximity of the house to this foul pond. The cases were in general easily managed, and although some were severe, only one, as I have stated, was fatal. I attribute this to the fact that the bottom of the pond was exposed but twice in the twenty-four hours by the ebb tide, and when this occurred during the day time, the disgusting smell warned those of the inmates who were in their rooms to shut their windows.

"Frequent complaints have been made during this summer, as well as in former years, by the occupants of houses in Charles Street and other streets in the neighborhood, of the very offensive smell arising from this nuisance, and I have had under my care, and continue to see, daily, numerous cases of vomiting and diarrhoea which could be distinctly traced to this source. They have occurred chiefly during the hot weather, when the tide was low during the night time, and the wind carried the poison into the open windows. The number of cases would doubtless have been much greater but for the fact that a large

number of the citizens of this neighborhood are absent from town during the summer months.

"A visit to the source of this nuisance will convince any one of its dangerous character. The filling is composed of ashes, street sweepings, the matter taken from the street cess-pools (which, though chiefly consisting of sand washed down through the street gutters, contains much organic matter), oyster shells, and some vegetable matters, including an immense quantity of refuse straw, derived, I imagine, from the stables in the neighborhood. The smaller pond receives its water from the river, at the point of confluence of the Mount Vernon Street and the Berkeley Street sewers, and the stench of sulphuretted hydrogen arising from it is most disgusting. What will be the effect of this soil upon the health of the occupants of the houses which are to be built upon it, it would not be difficult to estimate.

"I am, dear Sir, very respectfully yours, FRANCIS MINOT, M.D."

The Italics in the above extracts are ours, and they require no further emphasis. Twenty-seven cases of sickness in one night, and cess-pool stuff for making soil to build on! In this connection, we may mention that a very high City official denied the fact of such material being used for filling, although his informant offered to present the evidence of a resident in the neighborhood, who had personally witnessed the emptying of three cart-loads of this semi-liquid substance at this spot, and who was taken ill with a violent attack of vomiting and diarrhoea the very night after, the effects of which continued for several days. The facts contained in the government correspondence above referred to, show that cholera was particularly fatal in districts where there was insufficient drainage. We hope that the lesson and the warning given above may lead to immediate and thorough reform.

The remainder of the document before us is taken up with a plan recommended for adoption by the City government, based on the "Sanitary Code for Cities," recommended by the National Quarantine and Sanitary Convention, by which the delay of red tape and the circumlocution office are obviated, and the way is prepared for prompt action in the cases which demand it. As yet, we believe, the City government have not taken final action upon the communication of Dr. Reed, but we believe it will be for the public good if they adopt at once its recommendations and suggestions.

CHITTENDEN COUNTY, Vt., MEDICAL SOCIETY.—The annual meeting of this Society was held at Essex Junction, on Tuesday, the 2d inst. The President of the Society, Dr. Benj. Fairchild, of Milton, presided, and delivered the customary annual address. His subject was *Coxsalgia*, a disease which his long experience as a physician and surgeon has given him ample opportunities for studying. He illustrated his views of its diagnosis, pathology and treatment by cases from his own note-book. By vote of the Society, the President was invited to present his paper before the State Medical Society at its annual meeting.

Resolutions were offered and adopted inviting the State Society to hold its semi-annual meeting for 1866 at Essex Junction, and directing

the President, or some person whom he shall appoint, to prepare a series of articles for publication in the newspapers of the County, explanatory and illustrative of the "Code of Ethics" recognized by the medical fraternity. The object in view is to enlighten the public mind in regard to the reciprocal duties of patient and physician, and of physicians between themselves; matters the ignorance of which occasions many times wrangling, strife and bitterness, and destroys that generous flow of good feeling which ought always to be exhibited by those who hold so intimate a relation to suffering humanity.

The officers of the Society for the ensuing year are:—*President*, Dr. Benj. Fairchild, of Milton; *Vice Presidents*, Drs. J. W. Miles, of Hinesburg, and H. N. Curtis, of Jericho; *Secretary*, Dr. L. C. Butler, of Essex; *Treasurer*, Dr. C. A. L. Sprague, of Williston; *Executive Committee*, Drs. J. F. Miles, of Hinesburg, A. C. Welch, of Williston, and M. Cole, of Burlington.

The meeting was thinly attended, owing, no doubt, to the fact that the physicians of this vicinity have been unusually pressed with professional business during the last few months. The next meeting is appointed for the first Tuesday of January, 1866, at the same place.

L. C. BUTLER, *Secretary*.

THE report on the Epidemic of Typhoid Fever in Maplewood Female Seminary, recently published in this JOURNAL, while it is a model of thorough and impartial investigation of a question surrounded by difficulties of a personal nature, must be regarded as one of the most patient scientific studies of the relation of such diseases to their causes in medical literature. It must take a permanent place among the authoritative records in the history of local epidemics. A few copies, in pamphlet form, are for sale at this office.

DR. CHARLES E. BUCKINGHAM has been appointed Adjunct Professor of Theory and Practice of Medicine in the Medical School of Harvard University. Dr. Buckingham is a physician of an eminently practical turn of mind and large professional experience; his appointment is an addition of very positive strength to the Faculty of the College.

EPIZOOTIC PRECURSORS OF CHOLERA.—In a great number of cases the approach of cholera has been announced by epizootiæ; there has been very frequently a coincidence between an attack of cholera and the appearance of some very fatal disease among domestic animals. In India, Russia and Poland, deadly epizootiæ were noticed among camels, goats, horned beasts, dogs and poultry. Many epizootiæ were also noted in France during the epidemic of 1832, especially among poultry. Upon the appearance of cholera at Paris, Dr. Carrère observed one at Choisy le Roi, and at Bercy, where 500 hens perished in a few days. Others manifested themselves in May, at Calleville, in the department of Eure; at Montluel, in the department of Ain; at Belleville, in that of Rhône; later in July, at Compiègne, in the department of Oise, and near Brest, in Finistère. M. Clément Désormes communicated to M. Rayer the description of an epizootia which existed among the carp of the ponds of many of the cantons in the de-

partment of Seine et Oise, from the end of 1831 to the beginning of April, 1832. A fact not less striking, and not less significant with regard to the subject under consideration, is that of the emigration of certain birds upon the approach of this epidemic. The rooks which lived in a steeple in one of the townships of Calvados, fled before the scourge. At Glatz, near Königsburg, in Prussia, the same observation was made upon thousands of rooks and daws, who suddenly abandoned their nests upon its approach. The present epidemic [1848-9] has already furnished similar examples, especially in Russia. At the time when the cholera commenced its ravages, there appeared in the environs of Moscow, an epizootia among the horned animals; M. Siewruck mentions also a great mortality among the hens and rabbits. There was, also, to my knowledge, an extraordinary mortality among hens, upon the occasion of an extensive clearing of land in the department of Marne, towards the commencement of last year; the same occurrence took place in Burgundy, and especially at Dijon; finally, at Oise, in the department of Calvados, and in those of Maine et Loire, Ille et Vilaine, and of Mayenne, during the months of July, August, September and October, a very severe epizootia attacked the horned animals, swine and cattle generally.

The above extract, from Tardieu's Treatise on Epidemic Cholera, is specially significant at the present time, when we hear so much of the terrible ravages of the cattle plague on the other side of the Atlantic. By recent accounts we observe that this fatal disease has spread to the sheep, and is very destructive. In Belgium it is also stated that a very fatal disease is carrying off the poultry in great numbers. Apart from the alarming deficiency of animal food threatened by these diseases, they have a terrible importance as forerunners of the most fatal epidemic of modern times.

The translation of Tardieu's treatise, by the late Dr. Samuel L. Bigelow, published in 1849 by Ticknor & Fields, of this city, is a very important and valuable work. A new edition at the present time would be most timely, and would undoubtedly meet with a ready sale.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 14TH, 1865.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	44	48	92
Ave. mortality of corresponding weeks for ten years, 1853-1863	40.6	41.0	81.6
Average corrected to increased population	00	00	89.08
Death of persons above 90	1		1

MARRIED.—In Great Falls, N. H., Dr. Ezra Pray, U.S.N., to Miss Martha J. Hanson, of Great Falls.

DEATHS IN BOSTON for the week ending Saturday noon, October 14th, 92. Males, 44—Females 48. Accident, 3—asthma, 1—congestion of the brain, 1—cancer, 4—cholera infantum, 7—consumption, 20—convulsions, 7—croup, 1—diarrhoea, 3—diphtheria, 1—dropsy, 1—dropsy of the brain, 2—dysentery, 3—epilepsy, 1—scarlet fever, 2—typhoid fever, 5—flooding, 1—disease of the heart, 3—infantile disease, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 3—old age, 6—paralysis, 3—premature birth, 1—scrofula, 1—teething, 1—tumor, 1—unknown, 2—whooping cough, 1.

Under 5 years of age, 30—between 5 and 20 years, 9—between 20 and 40 years, 18—between 40 and 60 years, 19—above 60 years, 16. Born in the United States, 54—Ireland, 30—other places, 8.